I. Project Contact and Coordination Information
   a. Joan Miles, Project Coordinator
       John Hubley, Associate Project Coordinator
   b. Montana Health Research & Education Foundation
       1720 Ninth Avenue; PO Box 5119
       Helena, MT 59604-5119
       406-442-8802 (v); 406-449-6571 (f)
       joan@mtha.org; jhubley0032@msn.com
   c. Montana Health Research & Education Foundation (MHREF)
   d. MHREF coordinates directly with the Montana Healthcare Telecommunications
       Alliance on development and implementation of this project to improve the
       statewide telehealth network infrastructure.

II. Identification of Health Care Facilities in the Network.

There has been no changes to the member Health Care Facilities from July to October.
The FAhRM project as proposed will improve telehealth network connectivity between
six existing and developing Montana regional networks; this has been described as a
"network of networks". All participants are public, eligible, not-for-profit entities
covering multiple RUCAs state-wide. The Montana Healthcare Telecommunications
Alliance map (below) provides a visual representation of this state-wide project.
Participating networks in the FAhRM project are:

Eastern Montana Telemedicine Network
2800 Tenth Avenue North
Billings, MT 59101
406-657-4057
Yellowstone County
RUCA: 1, 4, 7, 7.4, 10, 10.4
Census Tracts: 0001.00, 0003.00, 0004.00, 0009.00, 0010.00, 0201.00, 0601.00, 0703.00,
0801.00, 1003.00, 9402.00, 9613.00, 9619.00, 9670.00, 9928.00, 9955.00, 9964.00

Eastern Montana Telemedicine Network Partners:

Billings Clinic (data center) 2800 Tenth Ave N Billings, MT.
Livingston Health Care 504 S 13th Street Livingston, MT.
Colstrip Medical Center 6230 Main Street Colstrip, MT.
Pioneer Medical Center 301 W 7th Ave Big Timber, MT
Frances Mahon Deaconess Hospital 621 3rd St S Glasgow, MT.
Eastern Montana Community Mental Health 2508 Wilson Lane Miles City, MT.
Beartooth Hospital & Health Center 620 West 21st St. Red Lodge, MT.
McCone County Health Center 605 Sullivan Rd Circle, MT.

Sidney Health Center 216 14th Ave SW Sidney MT.
Dahl Memorial Healthcare Assoc 215 Sandy Street Ekalaka, MT.
Fallon Medical Complex 202 S 4th St W Baker, MT.
Roosevelt Medical Center 818 Second Ave E Culbertson, MT.
Stillwater Community Hospital 44 West 4th Ave N Columbus, MT.
Glendive Medical Center 202 Prospect Dr. Glendive, MT.

Partners in Health Telemedicine Network
175 North 27th, Suite 803
Wells Fargo Building
Billings, MT 59101
406-237-3602
Yellowstone County
RUCA: 1, 4, 7, 10, 10.4
Census Tracts: 0001.00, 0002.00, 0003.00, 0004.00, 0010.00, 0011.00, 0302.00, 9404.00, 9406.00, 9619.00, 9955.00, 9965.00

Partners in Health Telemedicine Network Partners:

St. Vincent Health Care (data center) 1233 North 30th St. Billings, MT.
Ashland Community Health Center 501 Main Street Ashland, MT.
Bozeman Deaconess Health Services 915 Highland Blvd Bozeman, MT.
St. James Healthcare 400 South Clark Butte, MT.
West Park Hospital 707 Sheridan Ave Cody, WY.
Barrett Hospital & HealthCare 90 Highway 91 South Dillon, MT.
Wheatland Memorial Healthcare 530 3rd St NW Harlowton, MT.
Holy Rosary Healthcare 2600 Wilson Street Miles City, MT.
Roundup Memorial Healthcare 1202 Third St West Roundup, MT.
Central Montana Medical Center 408 Wendell Ave Lewistown, MT.
Mountain View Clinic 501 W 20th Red Lodge, MT
Absarokee Medical Center 55 N Montana Ave Absarokee, MT.
Hardin Clinic 16 N Miles Ave Hardin, MT.

REACH Montana Telehealth Network
1101 26th Street South
Great Falls, MT 59405
406-455-4285
Cascade County
RUCA: 1, 4, 7, 10, 10.4, 10.5
Census Tracts: 0001.00, 0002.00, 0003.00, 0006.00, 0021.00, 0022.00, 0101.00, 0102.00, 0404.00, 0501.00, 0601.00, 9760.00, 9770.00

REACH Montana Telehealth Network Partners:
Benefis Hospital (East Campus, data center) 1101 26th Street S Great Falls, MT
Benefis Hospital (West Campus) 500 15th Ave S Great Falls, MT
Big Sandy Medical Center 166 Montana Ave E Big Sandy, MT.

Liberty Medical Center Monroe & Highway 03 Chester, MT.
Teton Medical Center 915 4th Street NW Choteau, MT.
Pondera Medical Center 805 Sunset Blvd. Conrad, MT.
Northern Montana Healthcare 30 13th Street Havre, MT.
Phillips County Hospital 311 South 8th Ave E Malta, MT.
Marias Medical Center 640 Park Drive Shelby MT.
Mountainview Medical Center 16 W Main White Sulphur Springs, MT.
Missouri River Medical Center 1501 St. Charles St Fort Benton, MT.

Western Montana Telehealth Network
Community Medical Center
2827 Fort Missoula Road
Missoula, MT 59804
Missoula County
RUCA: 1, 7, 7.4, 8, 10,
Census Tracts: 0001.00, 0002.00, 0004.00, 0005.00, 0009.00, 9403.00, 9405.00, 9802.00, 9917.00, 9945.00

Western Montana Telehealth Network:
No Partners at this time.

Montana Cardiology Telemedicine Network
St. Patrick Hospital & Health Sciences Center
500 West Broadway
Missoula, MT 59802-4096
406-543-7271
Missoula County
RUCA: 1, 2, 4, 7, 7.4, 8, 10, 10.1, 10.4
Census Tract: 0001.00, 0002.00, 0003.00, 0004.00, 0005.00, 0015.00, 0011.00, 0016.00, 0017.00, 0022.00, 9403.00, 9406.00, 9802.00

Montana Cardiology Telemedicine Network
No partners at this time.

Health Information Exchange of Montana
Northwest Healthcare
310 Sunnyview Lane
Kalispell, MT 59901
406-752-1724
Flathead County
RUCA: 4, 5, 7, 8, 10
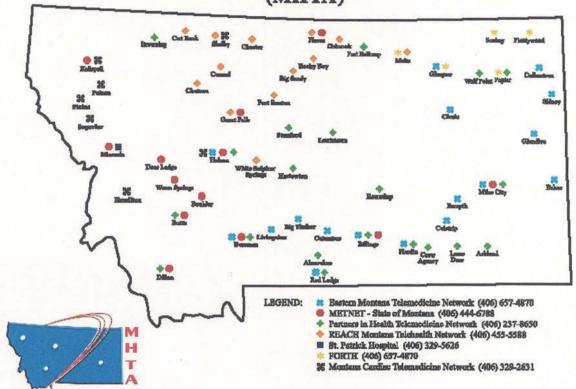Census Tract: 0002.00, 0004.00, 0005.00, 0009.00, 9405.00, 9760.00

Health Information Exchange of Montana Partners:
Kalispell Regional Medical Center (data center) 310 Sunnyview Ln Kalispell, MT.
Glacier Community Health Center 519 East Main Street Cut Bank, MT.

Lincoln County Community Health Center 320 East Second St Libby, MT.
North Valley Hospital 1600 Hospital Way Whitefish, MT.
Northern Rockies Medical Center 802 2nd St SE Cut Bank, MT.
St. John's Lutheran Hospital 350 Louisiana Ave Libby, MT.
St. Luke Community Healthcare 107 6th Ave SW Ronan, MT.

MONTANA
HEALTHCARE TELECOMMUNICATIONS ALLIANCE
(MHTA)

LEGEND:
* Eastern Montana Telemedicine Network (406) 657-4870
● METNET - State of Montana (406) 444-6788
◆ Partners in Health Telemedicine Network (406) 237-8650
◆ REACH Montana Telehealth Network (406) 455-5588
■ St. Patrick Hospital (406) 329-5626
* FORTH (406) 657-4870
✳ Montana Cardiac Telemedicine Network (406) 329-2631

III.   Network Narrative.

        The competitive bidding process for the FAhRM project has been initiated. The Form
465 and RFP were posted 5/19/2009 with an allowable contract date of 6/15/2009. Bid response
date for vendors was pushed to June 30, 2009. Four bids have been received and are currently
under review by the FAhRM technical team. *Vendor selection has been completed.*
        *a. The proposed backbone network will be a carrier provided MPLS network between
        hub sites.*
        b. Hub sites will connect to the vendor network via 1 Gig data links.
        c. Vendor has established meet points in Billings and Helena, Montana.
        *d. Four of the hub sites will require construction to the site. Number of miles and
        whether the physical fiber will be aerial or buried has yet to be determined.*

IV.   List of Connected Health Care Providers.

No health care providers have been connected to the network as of October 31, 2009.

V.   Identity of Non-recurring and Recurring Costs

No non-recurring or recurring costs have been incurred as of October 31, 2009.

VI.   Description of Apportioned Costs and Sources of Funds.

No project costs have been incurred as of October 31, 2009.

VII.   Technical or Non-technical Requirements for Ineligible Entities

There are no ineligible entities participating in the FAhRM project.

VIII.   Update on Project Management Plan
        a. Kip Smith serves as Project Coordinator for the FAhRM project and John Hubley, an independent contractor, began as the Associate Project Coordinator on July 21, 2008. Overall direction for the project is provided by a steering committee made up of the Executive Directors of each of six participating networks in the FAhRM project.
        b. With the addition of Mr. Hubley to the management team in July 2008, a detailed project plan and schedule will be developed in conjunction with the steering committee during the next quarter. This plan will include key project deliverables/tasks and anticipated completion dates. Generally, the project will roll out in two phases – connectivity infrastructure enhancement and expansion design, followed by two to three years of implementation.
        c. Effective 11/20/08, Kip Smith, Project Coordinator, will be leaving the Montana Health Research and Education Foundation (MHREF) and has accepted the position of Executive Director with the Health Information and Exchange of Montana (HIEM), another FCC Rural Health Care Pilot Program awardee . During this transition, MHREF will identify an individual with signature authority for the FAhRM Project until a new Director is named.
        d. A detailed project plan has been completed by the FAhRM steering committee and provides the steps necessary to interface with USAC as the FAhRM Project moves forward. All LOAs have been signed, collected and forwarded to our Coach along with a draft Form 465. We are currently awaiting USAC approval of these documents. Technical, sustainability and fund raising work groups have been defined and organized. A design RFP is under development with a completion commitment date of 11/3/08.
        e. Kip Smith has left the Montana Health Research and Education Foundation (MHREF) to accept the Executive Director position with the Health Information and

Exchange of Montana (HIEM). Sherrie Nelson will serve as the interim Project Coordinator from October through December. (Joan Miles as accepted the Project Coordinator position effective 01/01/2009).

f. Although the LOAs for the six primary member sites have been secured, it has been determined that each site connected to each network will be required to sign an LOA since each individual site will be directly benefiting from any upgrades to the existing network. Each of the six individual networks will be responsible for securing these LOAs with a projected completion date of February 27, 2009.

g. The technical team has completed the draft RFP that has been forwarded to our coach at USAC. A web site for bidder questions and project responses is still under development.

h. Joan Miles has accepted Project Coordinator position effective 01/01/09 and is now actively tracking the progress of FAhRM Pilot Project.

i. LOA's have been secured from both the hub sites and each individual site connected to each hub. Copies of all LOA's have been submitted to Pilot Program coach for review. The original LOA's are on file at Montana Health Research and Education Foundation corporate office in Helena, Montana.

j. Forms 465 and 465- Att are complete. Both Forms have been forwarded to the Pilot Program coach for review.

k. Web site for vendor questions is complete and operational. The web site is FAHRM.com.

l. The FAhRM project RFP has been updated and is complete. The RFP has been forwarded to Pilot Program coach for review.

m. Forms 465 and 465-Att were approved and posted on the web site 5/19/2009.

n. The FAhRM RFP was also posted 5/19/09 with an allowable contract date of 6/15/2009.

o. Bid receive date was 6/30/2009 and four bids were received. Those bids are being reviewed and scored by the FAhRM technical team.

p. *The four bids have been carefully reviewed with one bid (Cutthroat Communications) not meeting the RFP requirement to bid only hub sites and one bid (ClearFly Communications) determined not providing a flexible solution to the needs of the project. The remaining two bids have been selected to be invited to present their solutions to the FAhRM project team prior to the MHA meeting in September. The two successful bidders to present their solutions are Bresnan Communications and Vision Net Inc.*

q. *Vendor presentations were completed 9/22/09 in Billings, Montana. Each vendor presented their solution to the group and both groups were able ask and answer specific questions regarding the needs of the network.*

r. *Vendor references have been contacted and results of those contacts sent to the group for their review. Vendor selection criteria forms have been sent to the group to select the vendor of choice.*

s. *Vendor selection criteria forms have been and the bid has been awarded to Vision Net Inc. to implement the FAhRM project. The FAhRM group will now determine the personnel that will interface with Vision Net for contract negotiation and implementation project management.*

IX.   Network Sustainability

The goal of the FAhRM project is development of a reliable, cost effective telehealth network that has sufficient, scalable bandwidth from defined hubs to the cloud to support healthcare applications of end to end networks allowing efficient seamless dynamic routing of data from hub managed partners to hub managed partners. The current hub networks are virtual private networks (VPN) established primarily for video conferencing between partners and is sustained by the individual members of each network. As the project moves forward and is implemented, the expectation will continue to be that the individual members of each hub network will sustain costs of this new Broadband backbone adding those costs in their annual budgets. Members have committed verbally their continued support on any future network expansion. All members have also signed Letters of Agency giving MHREF permission to explore network expansion possibilities through the Rural Health Care Pilot Program. Members of each of the networks will continue to participate in the existing Rural Health Care program for their individual connections back to each hub site. In addition funding sources are being investigated through local/national foundations. *Now that actual costs have been determined with the selection of the vendor exploring existing hub networks and services and costs will begin. The recommended network solution is to install 1 Gig local loops to each hub site that will connect to the Vision Net cloud. Today, The Billings Clinic in Billings, Montana and Benefis Healthcare in Great Falls, Montana have 1 Gig local loops to the Vision Net cloud being used for video and data services. These existing loops are within each sites yearly budget and can be used with the FAhRM network eliminating any new recurring monthly costs to these two hubs. We will also be exploring each sites existing services and believe individual data connections at these sites may be disconnected in favor of the 1 Gig local loops minimizing the overall costs of the FAhRM network. These network savings would be used to offset the fifteen percent match for Pilot Program duration. The goal of the FAhRM project team is that this network be self sustainable within each hub sites yearly technology budget.*

X.   How has the Network Advanced Telemedicine Benefits?:

The FAhRM project has not yet been implemented.

XI.   How has the Network Complied with HHS Health IT Initiatives?:

The FAhRM project has not yet been implemented.

XII.   How have Participants Coordinated with the Department of Health and Human Services, on National, Regional and Local Public Health Emergencies?:

The FAhRM project has not yet been implemented.